

October 1, 2015 through September 30, 2016 grant funding cycle

# SFY 15 Title II Application

OJJDP - 2012JFFX4005 – CFDA # 16.540

**Due Date: July 2, 2015**

A. Type of Grant Requested: (Check one) ☐ new ☐ continuation. If continuation, how much were you previously awarded? \$  grant year ; \$  grant year .

<b>Applicant Agency</b> (Name, E-mail, Address, Telephone, Fax)	<b>Project Director</b> (Name, Title, E-mail, Address, Telephone, Fax)
<b>Official Authorized to Sign Application</b> (Name, Title, E-mail, Address, Telephone, Fax)	Signature: _____  <b>Financial Officer</b> (Name, Title, E-mail, Address, Telephone, Fax)
Signature: _____ <b>Type of Application</b> <b>Title II</b>	Signature: _____ <b>Program Area</b> _____
<b>H. Short Title of Program</b>	<b>I. Federal Identification #</b> <b>J. DUNS Number</b> <b>K. SAM Cage Number</b>

Program Abstract (provide a brief description of the program's purpose and intended outcomes.

Challenges (please discuss what has worked in your program to meet your goals and objectives, what has not worked, what adjustments you have made to change your action plans in order to meet your goals and objectives)

### SECTION III. PROGRAM FUNDING HISTORY

Please identify all revenue received or projected to receive to operate the proposed program.

Source of Funds	2014 estimate	2013 actual	2012 Actual
KDOC - JS Prevention and Graduated Sanction Block Grant			
JABG			
Title II			
Title V			
Local Unit of Government			
Other State Agency: (specify)			
Federal agency or grant			
Program Fees			
Foundation, endowment, etc.			
Other			
Other			
Other			
Other			
Other			
Other			
Total Program Budget			

**(You must complete the following questions)**

1. Provide a summary of proposed program fees (e.g. amount, type of fee, how fees are expended).
2. If the program was previously funded with local or state funds, provide a justification on how these funds will not supplant existing state or local juvenile justice funds.
3. Identify any pending funding applications for the proposed project.

**BUDGET FORM** -Complete the following budget form using whole dollars.

	<u>GRANT REQUEST FOR FEDERAL FUNDS</u>	<u>Required Cash Match or In-Kind</u>	<u>Other Cash Match or In-Kind</u>	<u>TOTAL</u>
1. Personnel				
2. Employer Taxes & Fringe Benefits				
3. Travel- State Rates only				
4. Equipment				
5. Supplies				
6. Consultants (Cannot exceed 450 per day)				
7. Other (Specify)				
8. Other (Specify)				
9. Other (Specify)				
10. Grant Award Amount (Sum of lines 1-9)				
11. Cash Match/In- Kind (50 % required)				
12. TOTAL (Sum of lines 10-11)				

<b>Budget Justification</b>
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(Justification must be in detail and match the budget. Grant and match dollars must clearly be identified in whole dollar amounts. Contact the Federal Grant Specialist for any questions.)

1. Administration

2. Personnel

3. Employers Taxes & Fringe Benefits

4. Supplies

5. Travel (not to exceed State Rate)

6. Equipment

7. Contracted Services & Consultants (not to exceed \$450.00 a day)

8. Program Fees (If program fees are generated from this funding they must be accounted for and spent before grant dollars)

9. Other (specify)

10. Other (specify)

***(Please use additional paper for justification if needed)***